

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	NUTRITIONAL COMPOSITIONS WHICH CONTAIN NON-DIGESTIBLE POLYSACCHARIDES AND USE THEREOF TO REDUCE TRANSPORT THROUGH TIGHT JUNCTIONS
Attorney Docket Number::	2001-1027
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: AMANDA
Middle Name:: JOHANNE
Family Name:: KILIAAN
City of Residence:: WAGENINGEN
State or Province of Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing HARNJESWEG 89
Address::
City of Mailing Address:: WAGENINGEN
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-6706 AS

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: JACQUES
Middle Name:: ALPHONS
Family Name:: GROOT
City of Residence:: HEILOO
State or Province of Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing HEERENWEG 153
Address::
City of Mailing Address:: HEILOO
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-1851

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: JOHANNES
Middle Name:: WILHELMUS
Family Name:: TIMMERMANS
City of Residence:: EDE
State or Province of Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing Address:: SCHOONENBURG 188

City of Mailing Address:: EDE
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-6714 GG

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: JAN
Middle Name::
Family Name:: VAN DER MEULEN
City of Residence:: DRONTEN
State or Province of Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing Address:: DE SIKKEL 6

City of Mailing Address:: DRONTEN
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-8253 CS

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BELGIUM

Status:: Full Capacity
Given Name:: KATRIEN MARIA JOZEFA
Middle Name::
Family Name:: VAN LAERE
City of Residence:: HETEREN
State or Province of Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing Address:: KAMPERFOELIESTRAAT 11

City of Mailing Address:: HETEREN
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-6666 WS

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: PIETER
Middle Name:: BRANDT
Family Name:: BIJLSMA
City of Residence:: AMSTERDAM
State or Province of Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing Address:: ELISABETH WOLFFSTRAAT 65E

City of Mailing Address:: AMSTERDAM
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-1043 TS

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NL00/00697	9/29/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NETHERLANDS	1013175	9/29/99	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::